FORM APPROVED
BUDGET BUREAU NO. 70-R187

FORM NO. AA-3
(11-51)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

Commerce Street, Room 201
Baltimore 2, Maryland

APPLICATION OF WIFE FOR SPOUSE'S ANNUITY

ENTER BELOW YOUR HUSBAND'S RAILROAD RETIREMENT BOARD CLAIM NUMBER IF HE HAS BEEN ASSIGNED A NUMBER

A-333473

IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CALL AT, WRITE TO, OR TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD

ALL ITEMS RELATING TO YOU MUST BE ANSWERED. RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

(DO NOT WRITE IN THIS SPACE)
Officially filed
Date 3-10-53
Fld. Rep. [illegible]
Baltimore, Md.

Print
Husband's Name PAUL (FIRST) EUGENE (MIDDLE) NIXON (LAST) 205-12-2357 (HIS SOCIAL SECURITY ACCOUNT NUMBER)

I, NETTIE NONE NIXON (PRINT APPLICANT'S NAME: FIRST MIDDLE LAST), hereby apply for the wife's annuity under the provisions of the Railroad Retirement Act.

1. Have you ever had a social security account number of your own? No. (YES OR NO) If "Yes," give your name and account number as shown on your social security card:

_____ (NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD) _____ (SOCIAL SECURITY ACCOUNT NUMBER)

2. (a) What was your maiden name? Nettie Bearinger

(b) When were you born? Month 9 Day 5 Year 1885.

(c) Where were you born? (near) Berkeley Springs (CITY) Frederick (COUNTY) Va. (STATE OR FOREIGN COUNTRY)

(d) Your father's name Joseph (FIRST) Unknown (MIDDLE) Bearinger (LAST)

(e) Your mother's name Sue (FIRST) Rainer (MAIDEN) Bearinger (LAST)

3. (a) When were you and your husband married? Month 1 Day 7 Year 1932.

(b) Where were you and your husband married? Cumberland (CITY) Md (STATE)

(c) Indicate by (✓) whether the marriage ceremony was performed by:

☑ Clergyman ☐ Authorized public official ☐ Other _____ (EXPLAIN)

4. Were you married before your marriage to your present husband? Yes (YES OR NO) If "Yes," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S) DATE	PREVIOUS MARRIAGE(S) PLACE	TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED DATE	MARRIAGE ENDED PLACE
11-15-1905	Cumberland Md	John W. Santymyre	Divorce	1-2-1932	Cumberland Md

5. (a) Are you and your husband living together at the same address? Yes (YES OR NO) If "No," answer (b), (c) and (d) below.

(b) Is he under order by any court to contribute to your support? _____ (YES OR NO)

(c) Is he contributing to your support? _____ (YES OR NO) (Contributions may be in cash, or in kind such as your living rent free in a house which he owns.) If "Yes," state how often he contributes and in what amounts _____

(d) State why you and your husband are not living together _____

_____

6. (ANSWER THIS QUESTION ONLY IF YOU ARE UNDER AGE 65.) (a) Do you have in your care, individually, or jointly with your husband, any of your husband's children under 18 years of age and unmarried? _____ (YES OR NO) If "Yes," list below the name of each child and answer (b), (c) and (d) of this item. Include stepchildren, adopted and illegitimate children. Show relationship by placing a check (✓) in the proper column.

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO YOUR HUSBAND			
	MONTH	DAY	YEAR	LEGITIMATE	ADOPTED	STEPCHILD	ILLEGITIMATE

(b) Are all the children named in (a) above now actually living in the same household with you? _____ (YES OR NO)

(c) If your answer to (b) is "No," give the following information about each child not living with you now:

FULL NAME OF CHILD	GIVE REASON CHILD IS NOT LIVING WITH YOU AND STATE HOW LONG HE HAS BEEN AWAY

(d) Has any child named above ever been adopted by anyone other than your husband? _____ (YES OR NO) If "Yes," give the name of child, by whom adopted, and when _____

_____

7. (a) Have you ever worked for any person, company, or institution, whether or not covered by the Railroad Retirement Act? No. (YES OR NO) If "Yes," answer (b), (c) and (d) below.

(b) Are you still working? _____ (YES OR NO) If "Yes," give name and address of your employer _____

_____

Date you began work: Month _____ Day _____ Year _____

Date you intend to stop working: Month _____ Day _____ Year _____

(c) If you have stopped working, give date you last worked and the name and address of your last employer: _____ (DATE LAST WORKED) _____ (NAME OF EMPLOYER)

_____ (ADDRESS)

(d) Do you still hold seniority or other rights to return to the employment of any person, company, or institution? _____ (YES OR NO) If "Yes," give name and address of such person, company, or institution _____

_____

(e) Were you in active military or naval service after September 15, 1940, and before July 25, 1947? No. (YES OR NO)

8. Have you filed an application for any annuity or lump sum under the Railroad Retirement Act No. (YES OR NO) If "Yes," give your Railroad Retirement Board claim number _____

9. Have you ever filed an application for benefits under the Social Security Act? No. (YES OR NO)

If "Yes," give:

Name of individual on whose account number you filed your claim _____

Individual's social security account number, if other than your own _____

10. Are you applying for an annuity to begin on the earliest date permitted by law? Yes. (YES OR NO) If "No," specify: Month _____ Day _____ Year _____

SECTION I.

A SPOUSE'S ANNUITY FOR A WIFE IS NOT PAYABLE FOR ANY MONTH IN WHICH [redacted]

(a) The husband works for a railroad or other employer under the Railroad Retirement Act or for the last person, company, or institution (if any) by whom he was employed before his retirement annuity or pension began; or

(b) The wife works for a railroad or other employer covered by the Railroad Retirement Act; or

(c) The wife works for the last person, company, or institution (if any) by whom she was employed before her annuity began.

SECTION II

A SPOUSE'S ANNUITY FOR A WIFE TERMINATES WITH THE MONTH BEFORE THE MONTH IN WHICH

(a) The husband dies; or

(b) An absolute divorce is granted; or

(c) The wife, while still under age 65, no longer has in her care a child of her husband under age 18 and unmarried.

11. Do you agree to notify the Railroad Retirement Board promptly when any of the events described in Sections I and II occur? Yes (YES OR NO)

12. Do you agree to return promptly any check for benefits received by you if you are not entitled to it because of the occurrence of any of the events described in I and II above? Yes (YES OR NO)

REMARKS:

CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

2. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

SIGNATURE OF APPLICANT

Nettie Nixon

(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS: 23 Grand Ave (STREET AND NUMBER)

Cumberland (CITY) _____ (ZONE NUMBER)

Allegany (COUNTY) Md (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

No phone (IF NONE, WRITE "NONE")

DATE SIGNED 3 (MONTH) 10 (DAY) 1953 (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

RRB CHICAGO

RRB FORM NO. G-229
(11-51)

CHECK LIST COVERING APPLICATION FOR SPOUSE'S ANNUITY AND RELATED DOCUMENTS

1. SOCIAL SECURITY ACCOUNT NUMBER: 705-12-2357

2. CLAIM NUMBER: A-333473

3. NAME OF EMPLOYEE: NIXON, Paul Eugene

4. NAME AND ADDRESS OF SPOUSE
Mrs Nettie None Nixon
23 Grand Avenue
Cumberland, Maryland

5. APPLICATION FORM AA-3 RECEIVED
PERSONALLY FROM APPLICANT [XXX]
VIA MAIL FROM APPLICANT [ ]

3-10-53 (DATE) BaltoMd. (FIELD OFFICE)

6. PREPARED BY: J.A.McGuire
DATE: 3-10-53

7. ITEM	REQUIRED	ATTACHED	WILL BE SUBMITTED	PREVIOUSLY SUBMITTED	REMARKS
APPLICATION AA-#3	X	X			
WIFE'S CERTIFICATION (G-345)					
HUSBAND'S CERTIFICATION (G-346)	X	X			
PROOF OF MARRIAGE	X	X			
PROOF OF AGE OF: Same (marriage record)	X	X			
PROOF OF RELATIONSHIP OF:					
CERTIFICATE OF SUPPORT (G-466)					
PROOF OF APPOINTMENT OF GUARDIAN					
QUESTIONNAIRE FORM T-21A	X	X			

RRB Chicago

FORM NO. G-355
(11-51)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
DETERMINATION OF AWARD
SPOUSE'S ANNUITY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
NOVEMBER 30, 1951

1. ADMINISTRATIVE VOUCHER NO. 53019 APR 22 1953

2. [X] FINAL CERTIFICATION
[ ] SUBJECT TO RECERTIFICATION

3. CLAIM NO. MA-333473

4. EMPLOYEE'S NAME PAUL E. NIXON

5. EMPLOYEE'S S.S.A. NO. 705-12-2357

	SPOUSE		EMPLOYEE	SPOUSE
6. DATE ANNUITY APPLICATION FILED	3-10-53	9. DATE ALL EMPLOYEE RIGHTS RELINQUISHED		—
7. DATE OF LAST EMPLOYER SERVICE	—	10. DATE OF BIRTH	3-12-88	9-5-85
8. DATE OF LAST PERSON SERVICE	—	11. DATE ANNUITY BEGINS	3-27-47	3-11-53

12. RELATIONSHIP
[X] WIFE
[ ] HUSBAND

13. BASIS FOR AWARD
[X] SPOUSE AGE 65
[ ] SPOUSE (WIFE) UNDER AGE 65 CHILD IN HER CARE
YOUNGEST CHILD'S DATE OF BIRTH:

14. SPOUSE'S S.S.A. NO. NONE

15. EMPLOYEE'S RETIREMENT ANNUITY BEFORE REDUCTION FOR AGE AND SERVICE ANNUITY UNDER SECTION 2(A)3 OF THE ACT OR JOINT AND SURVIVOR OPTION	$ 115.21
16. SPOUSE'S ANNUITY (ONE-HALF OF EMPLOYEE'S RETIREMENT ANNUITY (ITEM 15) BUT NOT MORE THAN $40)	$ 40.00
17. ANY OTHER BENEFITS (OTHER THAN WIFE'S INSURANCE BENEFIT UNDER SOCIAL SECURITY ACT)	$ NONE
18. ADJUSTED SPOUSE'S ANNUITY	$
19. OVER-ALL SSA MINIMUM UNDER SECTION 3(E) OF THE ACT — (A) EFFECTIVE DATE — (B) AMOUNT OR ADDITIONAL AMOUNT WHICH WOULD BE PAYABLE UNDER SOCIAL SECURITY ACT IF RAILROAD SERVICE WERE INCLUDED AS SOCIAL SECURITY EMPLOYMENT $ — (C) OVER-ALL SSA MINIMUM EMPLOYEE ANNUITY $	$
20. SPOUSE'S ANNUITY PAYABLE MONTHLY (ITEM 16, 18 OR 19)	$ 40.00

21. REMARKS:

22. PAYMENT SUMMARY

ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
MONTHLY RATE	FROM	TO	NO. MONTHS	AMOUNT	MONTHLY RATE	FROM	TO	NO. MONTHS	AMOUNT	
$ 40.00	3-11-53	4-30-53	1 20/30	$ 66.67	$				$	$

23. CERTIFICATION OF PAYMENT — FINAL PAYMENT YES [ ] NO [X]

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE	BEGINNING DATE	NET AMOUNT PAID
MRS. NETTIE NIXON 23 GRAND AVE., CUMBERLAND, MD.	$ 40.00	3-11-53	$ 66.67

CLAIMS EXAMINER Bumbaugh-326
COMPUTER MZ 40.56 Speak
4-7-53

1. THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.

DATE APR 18 1953 19____. SIGNATURE [signature] 03
AUTHORIZATION OFFICER

RPE

RRB FORM NO. G-104 (1-53)

ST. STICAL SUMMARY FOR SPOUSE'S ANNUITY (IBM 825914)

(FOR USE ONLY IN OFFICE OF DIRECTOR OF RESEARCH)

	COLUMN	ADM. VOUCHER NO. 53019	ADM. VOUCHER NO.	ADM. VOUCHER NO.
		CODED BY / DATE 4-23	CODED BY / DATE	CODED BY / DATE
		REVIEWED BY / DATE 4-23	REVIEWED BY / DATE	REVIEWED BY / DATE
1 ACCOUNTING DATE AWARD	1-2	53		
2 SEX	3	3		
3 STATUS OF EMPLOYEE	4	A		
4 CLAIM NUMBER	5-10	333473		
5 IDENTIFICATION	11	X-4 (M)	X-4 (M)	X-4 (M)
6 YEAR SPOUSE LAST WORKED FOR COVERED EMPLOYER	12-13	XX		
7 SPOUSE YEAR OF BIRTH	21-22	86		
8 AGE OF SPOUSE AT ACCRUAL	23-24	67		
9 TYPE OF ACCRUAL	25	1		
10 BASIS FOR AWARD	26	1		
11 DATE OF BIRTH OF YOUNGEST CHILD	27-30	—		
12 ACCRUAL DATE	47-50	0353		
13 SPOUSE'S ANNUITY BEFORE ADJ.	51-55	04000		
14 AMOUNT OF PIA OR OTHER BENEFIT	56-58	—		
15 SPOUSE'S NET ANNUITY	59-63	04000		
16 TYPE OF MINIMUM	65	0		
17 TYPE OF OTHER BENEFIT	66	0		
18 S.S.A. NUMBER OF SPOUSE	69-77			
18 (A) ACCOUNTING DATE OF TERMINATION OR SUSPENSION	69-70			
18 (B) CAUSE OF TERMINATION OR SUSPENSION	71			
18 (C) EFFECTIVE DATE OF TERMINATION	72-75			
19 SPOUSE STATE OF RESIDENCE	78-79	18		
20 CLASSIFICATION CODE	80	2		

F A 33473 PE NIXON 1001R NOV1971 11921 1

333473		11521	12690
CLAIM NO	CODE-TYPE BENEF	RATE PAID JUNE 1956	RATE PAID BEG. JULY 1956

SEPT 15028

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE EFFECTIVE JULY 1956

PE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

THREE-DIGIT CODES

1ST DIGIT: 0 – NO WIDOW
1 – WIDOW WITH CHILDREN

2ND DIGIT: 0 – NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: 0 – NO PARENTS
1 – ONE PARENT-OTHER PARENT WITHHELD
2 – TWO PARENTS

WHERE THE TOTAL ANNUITIES OF AN EMPLOYEE AND SPOUSE WERE EQUAL TO THE OVER-ALL MINIMUM FOR JUNE 1956 AND THE SPOUSE'S ANNUITY WAS DECREASED EFFECTIVE JULY 1, 1956, THE DECREASE RESULTED EITHER FROM A NEW PRORATION UNDER THE OVER-ALL MINIMUM GUARANTEE BASED ON NEW RATES UNDER THE REGULAR RRA FORMULA, OR BECAUSE THE TOTAL OF THE REGULAR RRA RATES EFFECTIVE JULY 1, 1956 EXCEEDS THE RATES UNDER THE OVER-ALL MINIMUM.

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE JUNE 1956 AND JULY 1956 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON JULY 1, 1956.

MA 333473		4000	5430
CLAIM NO.	CODE-TYPE BENEF.	RATE PAID AUG. 1955	RATE PAID BEG. SEPT. 1955

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE EFFECTIVE SEPTEMBER 1955

JITY BECAUSE OF INCREASED MAXIMUM ANNUITY, OR DECREASE IN EMPLOYEE'S ANNUITY RATE
POUSE'S RATE (APPLIES ONLY WHERE OVER-ALL MINIMUM WAS PAYABLE FOR AUGUST 1955),
ANNUITY(IES) BECAUSE OF ELIMINATION OF 5(G)(2) REDUCTION ON ACCOUNT OF SSA BENEFITS.

TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

THREE-DIGIT CODES

1ST DIGIT: 0 - NO WIDOW
1 - WIDOW WITH CHILDREN

2ND DIGIT: 0 - NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: 0 - NO PARENTS
1 - ONE PARENT - OTHER PARENT WITHHELD
2 - TWO PARENTS

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE AUGUST 1955 AND SEPTEMBER 1955 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON SEPTEMBER 1, 1955.

24-359264

FORM G-401 (8-57)

Form OA-D826 released 5-23-57

RR-35

EARNINGS RECORD

1 TYPE OF ANNUITY: [x] 2(a)4 [ ] 2(a)8

2 RRB CLAIM NUMBER: 333473

3 NAME (LAST) (FIRST) (MIDDLE): Mixon Paul E

4 DATE OF BIRTH: 3-12-88

5 S.S.A. NUMBERS: 705-12-2357

6 DATE OF LAST EMPLOYMENT BEFORE ANNUITY BEGINNING DATE (PRESUMPTIVE A.O.D.): 1-1-47

7 FILING DATE: 5-27-47

8 CASE DISQUALIFIED [ ] ANNUITANT FAILS TO MEET 6/20 REQUIREMENT [ ] DISABILITY BEGAN LESS THAN 6 MONTHS BEFORE AGE 65

9 APPLICANT HAS QUALIFYING QUARTERS OF COVERAGE AS OF 1-1-47 (DATE) FN 5/18/57

10 [ ] RR-6 PROCESSED [ ] S.S. [x] NO S.S.

11 SSA DISABILITY FREEZE ACTION

(a) [ ] No previous freeze action (b) [ ] OA-D840 in file
(c) [ ] No application filed (d) [ ] OA-C790 in file
(e) [ ] Denied (f) [ ] Pending (g) [ ] Established
(h) D.O. _____ DATE _____
(i) Period established from _____ to _____
(j) If established, show when freeze application filed [ ] Before Aug. 2, 1956 [ ] After Aug. 1, 1956

Year	12 WAGE AND COMPENSATION RECORD: DROP OUTS	WAGES AND COMPENSATION	QC	INC. YRS.	SERV. MOS.	13 MONTHS IN WHICH EMPLOYED AND S.S. QUARTERS OF COVERAGE: J	F	M	A	M	J	J	A	S	O	N	D	14 OASI: WAGES	TYPE	15 CURRENT YEAR TRANSACTIONS & MILITARY SERVICE: SM	COMPENSATION	16 TOTAL: SM	COMPENSATION	QC	17 WROTHERHOOD LOCAL LODGES AND ADJUSTMENTS: SM	COMPENSATION	18 BASE YEARS: SM	COMPENSATION
1937		1,680.75	4	1	12																							
1938		1,911.89	4	1	12																							
1939		1,897.27	4	1	12																							
1940		1,898.21	4	1	12																							
1941		2,137.68	4	1	12																							
1942		2,442.90	4	1	12																							
1943		2,632.83	4	1	12																							
1944		2,930.43	4	1	12																							
1945		2,905.46	4	1	12																							
1946		1,784.28	3	1	9	✓	✓	✓	✓	✓		✓			✓	✓	✓											
1947		168.01	1	0	1	✓																						
1948																												
1949																												
1950																												
1951																												
1952																												
1953																												
1954																												
1955																												
1956																												
1957																												
1958																												
1959																												
1960																												
Column Totals		22,389.71	40	10	118																	118	22,389.71			TOTAL FROM LEDGER		

19 I CERTIFY THAT ALL THE SERVICE AND COMPENSATION DATA AND QUARTERS OF COVERAGE ENTERED ON THIS FORM ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED HEREIN AND ARE CORRECT ACCORDING TO THE RECORDS OF THE RAILROAD RETIREMENT BOARD.

BY T. B. Dunbar DATE 5-14-57

FOR J.B. MANNING, DIRECTOR BUREAU OF WAGE AND SERVICE RECORDS

20 CERTIFY THAT ALL THE WAGE DATA AND QUARTERS OF COVERAGE ENTERED ON THIS FORM ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED HEREIN AND ARE CORRECT ACCORDING TO THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION.

BY _____ DATE _____

FOR J.L. FAY, ASSISTANT DIRECTOR BUREAU OF OLD AGE AND SURVIVOR INSURANCE

21 SEARCHED BY

LEDGER		MICRO	
INITIALS	DATE	INITIALS	DATE
[illegible]	5-9	[illegible]	5-11

COMPUTATION WORK SHEET
SOCIAL SECURITY ACT

1 RRB NUMBER
A-

2 DATE ATTAINED RETIREMENT AGE

3 REQUIRED QC

4 ELIGIBILITY DATE

5 ENTITLEMENT DATE

6
OLD PIB FORMULA ☐ REVISED PIB FORMULA ☐

CLOSING DATE	DIVIDEND	DIVISOR	INC YRS	AVERAGE MONTHLY WAGE	PIB	1954 PIA

7 1952 PIA FORMULA

					1952 PIA	1954 PIA

8 1954 PIA FORMULA

CLAIMS EXAMINER	COMPUTER - INITIAL	COMPUTER - VERIFIER

I CERTIFY THAT THE FACTORS FOR COMPUTING THE PRIMARY INSURANCE AMOUNT ARE CORRECT AND WERE DETERMINED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE SOCIAL SECURITY ACT, AND WERE BASED ON THE WAGE AND COMPENSATION DATA OF THE INDIVIDUAL IDENTIFIED ON THIS FORM. THE USE OF THESE FACTORS TO DETERMINE THE AMOUNT PAYABLE TO THE ENTITLED WAGE EARNER IS AUTHORIZED.

DATE

FOR DIRECTOR OF WAGE AND SERVICE RECORDS

RECEIVED
IDENTIFICATION
APR 24 1957

24-359264

FORM G-551 (2-57)

Form OA-1026 released 5-23-57

EARNINGS RECORD

1 TYPE OF ANNUITY: ☑ 2(a)4 ☐ 2(a)5

2 RRB CLAIM NUMBER: 333473

3 NAME (LAST) Milon (FIRST) Paul (MIDDLE) E

4 DATE OF BIRTH: 3-12-88

5 S.S.A. NUMBERS: 705-12-2357

6 DATE OF LAST EMPLOYMENT BEFORE ANNUITY BEGINNING DATE (PRESUMPTIVE D.O.): 1-1-47

7 FILING DATE: 5-27-47

8 CASE DISQUALIFIED ☐ ANNUITANT FAILS TO MEET 6/20 REQUIREMENT ☐ DISABILITY BEGAN LESS THAN 6 MONTHS BEFORE AGE 65

9 APPLICANT HAS QUALIFYING QUARTERS OF COVERAGE AS OF 1-1-47 (DATE) FW 5/28/57

10 ☐ RR-6 PROCESSED ☐ S.S. ☐ NO S.S.

11 SSA DISABILITY FREEZE ACTION

(a) ☐ No previous freeze action (b) ☐ OA-D860 in file
(c) ☐ No application filed (d) ☐ OA-C790 in file
(e) ☐ Denied (f) ☐ Pending (g) ☐ Established

(h) D.O. _____ DATE _____

(i) Period established from _____ to _____

(j) If established, show when _____ ☐ Before Aug. 2, 1956
freeze application filed ☐ After Aug. 1, 1956

12 WAGE AND COMPENSATION RECORD

13 MONTHS IN WHICH EMPLOYED AND S.S. QUARTERS OF COVERAGE

14 OASI — 15 CURRENT YEAR TRANSACTIONS & MILITARY SERVICE — 16 TOTAL — 17 BROTHERHOOD LOCAL LODGES AND ADJUSTMENTS — 18 BASE YEARS

Year	Drop Outs	Wages and Compensation	QC	Inc. Yrs.	Serv. Mos.	J	F	M	A	M	J	J	A	S	O	N	D	Wages	Type	SM	Compensation	SM	Compensation	QC	SM	Compensation	SM	Compensation
1937		1,680.75	4	1	12																							
1938		1,911.79	4	1	12																							
1939		1,897.27	4	1	12																							
1940		1,898.21	4	1	12																							
1941		2,137.68	4	1	12																							
1942		2,442.90	4	1	12																							
1943		2,632.83	4	1	12																							
1944		2,930.43	4	1	12																							
1945		2,905.46	4	1	12																							
1946		1,784.38	3	1	9	✓	✓	✓	✓	✓	✓				✓	✓	✓											
1947		168.01	1	0	1	✓																						
1948																												
1949																												
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1958																												
1959																												
1960																												
Column Totals		22,389.71	40	10	118																							

JR 22,389.71

TOTAL FROM _____ LEDGER

19 I CERTIFY THAT ALL THE SERVICE AND COMPENSATION DATA AND QUARTERS OF COVERAGE ENTERED ON THIS FORM ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED HEREIN AND ARE CORRECT ACCORDING TO THE RECORDS OF THE RAILROAD RETIREMENT BOARD.

BY O. B. Dunlap DATE 5-14-57
FOR J.B. MANNING, DIRECTOR BUREAU OF WAGE AND SERVICE RECORDS

20 CERTIFY THAT ALL THE WAGE DATA AND QUARTERS OF COVERAGE ENTERED ON THIS FORM ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED HEREIN AND ARE CORRECT ACCORDING TO THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION.

BY _____ DATE _____
FOR J.L. FAY, ASSISTANT DIRECTOR BUREAU OF OLD AGE AND SURVIVOR INSURANCE

21 SEARCHED BY

LEDGER		MICRO	
W	5-9	Sy	5-11
INITIALS	DATE	INITIALS	DATE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Bureau of Old-Age and Survivors Insurance

A-333473

TRANSMITTAL TO DDO - DISABILITY (RRB)

DATE SEP 11 1957

TO:

DIVISION OF DISABILITY OPERATIONS

FROM:

Railroad Retirement Board
844 Rush Street
Chicago 11, Illinois

SOCIAL SECURITY ACCOUNT NUMBER: 705-12-2357

NAME OF DISABLED INDIVIDUAL: Paul E. Nixon

DATE OF BIRTH: 3-12-88

ALLEGED QUARTER DISABILITY BEGAN: 1-17-47

SEX: M

RACE: W

Attached is disability material for the above named disabled railroad annuitant.

REMARKS: OA-D831, OA-D826, OA-D801, G-438

SEP 11 1957

mo 9/10

Form OA-D850(RRB)
(3-57)